

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000033442

FILED
Apr 28, 2008
Secretary of State

Entity Name: U C RESULTS MORTGAGE COMPANY

Current Principal Place of Business:

2003 DEL PRADO BLVD STE I
CAPE CORAL, FL 33990

New Principal Place of Business:

2003 DEL PRADO BLVD
|
CAPE CORAL, FL 33990

Current Mailing Address:

2003 DEL PRADO BLVD STE I
CAPE CORAL, FL 33990

New Mailing Address:

2003 DEL PRADO BLVD S
|
CAPE CORAL, FL 33990

FEI Number: 20-4438577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, DAVID E
3938 CHIQUITA BLVD S
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

KOVALCHUK, MALICA P
2003 DEL PRADO BLVD S
|
CAPE CORAL, FL 33990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MALICA KOVALCHUK

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, VIVIAN
Address: 2003 DEL PRADO BLVD STE I
City-St-Zip: CAPE CORAL, FL 33990

Title: V () Delete
Name: KOVALCHUK, MALICA
Address: 2003 DEL PRADO BLVD STE I
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: ALVAREZ, RENE
Address: 2003 DEL PRADO BLVD STE I
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALICA KOVALCHUK

V

04/28/2008

Electronic Signature of Signing Officer or Director

Date